FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE!

AND TYPED OR PRINTED NAME OF SIGNING OFFICER

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS F73800 **(7**) **DOCUMENT #** CATTLE BY JOHNSON, INC. Mailing Address Principal Place of Business 3920 HOLDEN ROAD 3920 HOLDEN ROAD LAKELAND FL 33811 LAKELAND FL 33811 Date Incorporated or Qualified 03/26/1982 3a. Date of Last Report 04/26/1995 Applied For 2. Principal Place of Business 21 2302 W. Country Lane 2a. Mailing Address 59-2172504 Not Applicable 26 2302 W (\$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032,
Florida Statutes Yes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name JOHNSON, W F 82 Street Address (P.O. Box Number is Not Acceptable) 2302 COUNTRY LANE PLANT CITY FL 33566 83 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am 4-27-96 SIGNATURE // of applicant agent and the Capple at I CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1 1 TITLE TITLE JOHNSON, W F 1.2 NAME NAME 2302 COUNTRY LANE 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY, FL 00000 14 CHY-SI-ZIP CITY - ST - 20P Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 OTY-ST ZP CITY-ST-ZIP Change Addition 3 1 TI'LF DELETE TITLE 3.2 NAME NAME 3.3 STREET ACORESS STREET ADDRESS 3 4 CITY - \$1 - ZIF City-St-ZiP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C: TY - ST - ZIP CITY-ST-Z-P Change Addition DELETE 5 1 TITLE TITLE 5.2 NAMé NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STHEET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attentionent with an address

bhason 4-27-96